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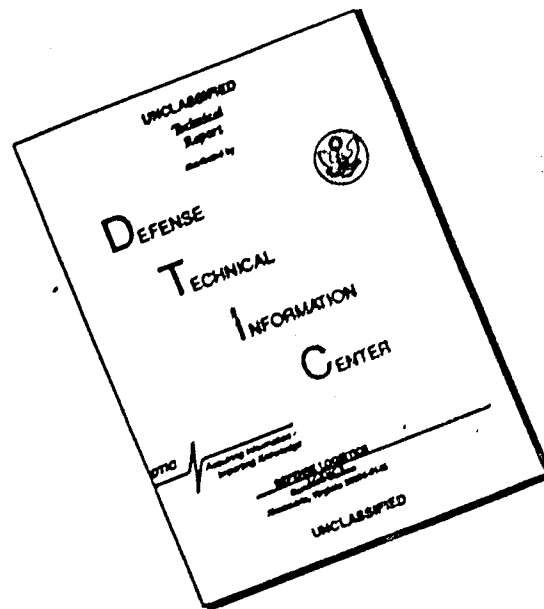
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DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D.C. 20310

IN REPLY REFER TO
AGAM-P (M) (25 Jul 68) FOR OT RD 682300

9 August 1968

SUBJECT: Operational Report - Lessons Learned, Headquarters, 44th
Medical Brigade, Period Ending 30 April 1968

SEE DISTRIBUTION

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2. Information contained in this report is provided to insure appropriate benefits in the future from lessons learned during current operations and may be adapted for use in developing training material.

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KENNETH G. WICKHAM
Major General, USA
The Adjutant General

Handwritten: Kenneth G. Wickham
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3

DEPARTMENT OF THE ARMY
HEADQUARTERS, 44TH MEDICAL BRIGADE
APO 96384

AVBJ-PO

15 May 1968

SUBJECT: Operational Report of Headquarters 44th Medical Brigade for
Period Ending 30 April 1968, RCS CSFOR-65 (R1)

THRU: Commanding General
United States Army, Vietnam
ATTN: AVHGC-DST
APO 96375

TO: CINCUSARPAC
ATTN: GPOP-DT
APO 96558

1. Section 1. Operations: Significant Activities.

a. Headquarters, 44th Medical Brigade, operational throughout the period 1 February 1968 - 30 April 1968, accomplished its mission of command and control of its assigned units which numbered 145 at the end of the period.

b. Most 44th Medical Brigade units were deployed by geographical area under the control of four medical groups; the 67th and 55th Medical Groups in the northern part of the country, with headquarters at Da Nang and Qui Nhon respectively; the 43d in the center, with headquarters at Nha Trang; and the 68th in the south, with headquarters at Long Binh Post. Dental, Veterinary, Laboratory, Preventive Medicine, Medical Supply and other specialized units came under direct operational control of Headquarters, 44th Medical Brigade, which is located on Long Binh Post.

c. Implementation of Program 5 Civilianization.

(1) Impact statements on Program 5 Civilianization was submitted by this headquarters to Headquarters, USARV on 13 September 1967, 5 February 1968 and 27 March 1968. These statements all indicated that this program was not considered feasible within the 44th Medical Brigade.

FOR OT RD
682300

AVBJ-PO

15 May 1968

SUBJECT: Operational Report of Headquarters, 44th Medical Brigade for
Period Ending 30 April 1968, RCS CSFOR-65 (R1)

(2) The mission of providing adequate levels of medical care in RVN cannot be based upon the uncertain availability of civilian personnel support as evidenced during the Tet offensive. During such periods, when maximum personnel support was required to meet peak workloads, civilian personnel support was not available. Any deletion of available military personnel strength by implementation of this program may well result in a reduced capability to provide required medical care to war casualties. Since military personnel are utilized to meet emergency requirements at any time, implementation of this program can only cause a deterioration of care provided.

d. Due to an increase of units assigned to the 44th Medical Brigade during the past quarter and the relocation of a medical group, it has been necessary to expand personnel service support. A new personnel team was established and attached to the 67th Medical Group located in Da Nang. This addition makes a total of five personnel teams supporting the brigade. A personnel service team is attached to each of the four groups and a fifth team serves the brigade headquarters and each unit directly subordinate thereto.

e. The rapid buildup of US Army troops in the Northern I Corps Tactical Zone during the month of February consisted of approximately two divisions plus support troops. In order to provide the required medical support to the increasing troops strengths, eight brigade units were relocated into I Corps Tactical Zone and one unit was relocated from within the area. The 67th Medical Group Headquarters and the 161st Medical Detachment (OA) were stationed at Da Nang. The 22d Surgical Hospital, 571st Medical Detachment (RA), 874th Medical Detachment (RB) and the 2/563d Medical Company (Clr) were stationed at Phu Bai. The 18th Surgical Hospital, 3/542d Medical Company (Clr) and the 500th Medical Detachment (RB) were stationed at Quang Tri. In addition to the above, the 4th Advanced Platoon (Prov) was organized in early February at Phu Bai to provide medical supply support to the I CTZ.

f. In March of this year, five medical units arriving in-country were assigned to the 67th Medical Group. These units were the 95th Evacuation Hospital and the 566th Medical Company (Ambulance) at Da Nang; the 27th Surgical Hospital, 520th Medical Company (Clearing), and the 238th Medical Detachment (KA) at Chu Lai. At the end of this reporting period a total of 20 medical brigade units were employed in the I CTZ.

g. The buildup in the medical capability in the I Corps Tactical Zone has increased the operating beds of the 67th Medical Group from 140 in January 1968, to 660 by the end of April 1968.

5
AVBJ-PO

15 May 1968

SUBJECT: Operational Report of Headquarters, 44th Medical Brigade for
Period Ending 30 April 1968, RCS CSFOR-65 (R1)

h. Requirements for an additional air ambulance detachment in the I CTZ were recognized and action was taken to relocate the 50th Med Det (RA) from Tuy Hoa to Gia Le.

i. During this period the medical group in the 1st Corps Tactical Zone supported Operation PEGASUS in the relief of the Khe San and Operation DELAWARE in the A Shau Valley, as well as many smaller operations throughout the area. Major army units supported were the 1st Cavalry Division (AM), 101st Airborne Division, and the Americal Division.

j. The Tet offensive, which occurred at the start of this reporting period, and the buildup of friendly forces in I CTZ had a significant impact on aeromedical evacuation support provided by the 44th Medical Brigade. During the month of February, a record number of 16,885 patients were evacuated by Brigade air ambulances. The air ambulance workload for March, though less than February, remained at a higher level than at any previous period during the conflict in Vietnam. The April workload reached an all time high of 18,080 patients evacuated by "Dustoff".

k. Large numbers of casualties were generated over a relatively sustained period of time during the Tet offensive. More flying hours than could be anticipated were put on the medical machines causing increased maintenance and aircraft supply workloads. At any given time, during the offensive, about 20% of the air ambulances of the Brigade were inoperable due to combat damage. The heaviest evacuation requirements were in III and IV CTZs. Aircraft losses and maintenance requirements reduced the aeromedical evacuation capability drastically. Aircraft were transferred from another group to augment the "Dustoff" units operating in the III and IV CTZs. Whenever possible, patients were transferred and evacuated on USAF aircraft or US Army CH-47 helicopters. Due to tactical requirements, CH-47s were not always available nor were they ever available in sufficient numbers. The movement of large numbers of patients between hospitals or to USAF Casualty Staging Facilities, required many hours of flying and repeated trips due to the limited patient payload capability of the UH-1H. The enemy's capability to deny use of airfields by USAF out-of-country medical evacuation aircraft caused back-logging of patients in Brigade hospitals. Consequently, when patients could be evacuated out-of-country, all possible means were required to provide transportation to the CSFs.

l. Direct support supply and maintenance units were unable to repair air ambulances as rapidly as aircraft were deadlined for that level of maintenance. This significantly contributed to the reduction of the aeromedical evacuation capability in the III and IV CTZs. Fortunately, combat losses were promptly replaced by readily available replacement aircraft. Heavy maintenance requirements at the direct support (DS) level served to

AVBJ-PO

15 May 1968

SUBJECT: Operational Report of Headquarters, 44th Medical Brigade for
Period Ending 30 April 1968, RCS CSFOR-65 (R1)

focus attention on the advantage of providing DS level teams to the two medical air ambulance companies, and action has been initiated to provide this capability.

m. As the intensity of the Tet offensive decreased, new requirements for aeromedical evacuation were generated in the northern part of Vietnam in I CTZ. One helicopter detachment, supported by field sited aircraft from the 498th Medical Company, provided the initial evacuation support. Since tactical units moving to the area took up prime priorities, substantial difficulty was experienced in moving an air ambulance detachment to I CTZ. Due to increased evacuation requirements, six helicopters from the 498th Medical Company were added to the support which was required in northern I CTZ. Action was initiated to relocate even another detachment to the I CTZ.

n. Combat damage, heavy flying requirements and insufficient DS level aircraft maintenance support created obstacles which had to be overcome in order to continue providing effective medical evacuation support.

o. The importance of the Medical Brigade radio communication system was evidenced during the Tet offensive in early February. During this critical time the land-line communications failed and radio communications provided the sole means of controlling the timely regulation of patient evacuation. In addition to patient regulating, the radio was used extensively for coordinating the delivery of whole blood and emergency medical supplies. The value of the single side band radio was further demonstrated in early March when the 67th Medical Group became operational in the I CTZ. The lack of adequate telephone communications with the 67th Medical Group forced the majority of administrative, logistical and operational messages to be transmitted via radio.

p. During this period, the number of Military Airlift Command evacuation flights to off-shore destinations was increased. This increase aided the Brigade in maintaining a sufficient number of beds available for efficient response to emergency or mass casualty situations. In routine situations the additional flights allowed the number of patients per flight to be decreased thereby providing better in-flight care to patients. The additionally scheduled flights, which provided a flight every day from at least one of three locations in Vietnam, also decreased the need for non-scheduled emergency flights.

q. Medical resupply sets at the 18th Surgical, 95th Evacuation, and the 22d Surgical Hospitals were found to be most compatible with all requirements. The sets were originally built for a 30 day operational supply. In practical use, the resupply sets were found to be effective for 15 days. Current plans include the establishment of prepositioned sets to be located

AVBJ-PO

15 May 1968

SUBJECT: Operational Report of Headquarters, 44th Medical Brigade for
Period Ending 30 April 1968, RCS CSFOR-65 (B1)

in Okinawa for immediate disposition as required for the command. A similar resupply set has been developed for a 15 day resupply requirement at division level. All of the above sets are air transportable and in a configuration which permits immediate utilization by the gaining organization.

r. Originally, a level of medical materiel was set aside in the hospitals and earmarked for mass casualties. During the Tet offensive it was found that the mass casualty levels, which are over and above stockage objectives, were essential to the treatment of war casualties.

s. The unfavorable conditions at Tan Son Nhut during the Tet offensive dictated the use of Bien Hoa Airport by the 1st Platoon of the 32d Medical Depot. This alternate airhead functioned smoothly throughout the operation and is now the primary point of air supply for the 1st Platoon.

t. The establishment of Theater Table Allowances for medical technical materiel has enabled the procurement of equipment consistent with the professional skills within the command. The further establishment of program replacements during the forthcoming fiscal year will result in advantages to programming and procurement at the CONUS level.

u. The establishment of out-of-country activity address codes for all major hospitals has permitted direct emergency shipments from Okinawa and CONUS. This procedure has further reduced the handling and processing time of shipments in the depot system.

v. During the Tet offensive the 3d and 45th Surgical Hospitals at Dong Tam and Tay Ninh respectively, received extensive rocket and mortar attacks. Since both facilities are of the inflatable MUST type, and therefore extremely vulnerable during such attacks, it was decided to construct a protective covering over the hospitals. The present scope of the construction includes six protective structures consisting of interior dimensions sufficient to accommodate 20 by 50 foot quonset huts, with two foot thick vertical side-walls. At a later date the existing temporary hospital structures may be removed and replaced by quonsets beneath the protective structures. Roofs were designed to withstand one direct hit by an 81mm mortar with instantaneous fuze. Roofs are post supported, sway-braced, and do not bear on the walls. The sides are fabricated by revetment structures filled with dirt. At present, construction is 50% complete at the 3d Surgical Hospital and construction for the Tay Ninh facility is scheduled to start in the immediate future. Also, the 93d and the 24th Evacuation Hospitals at Long Binh, which are housed in quonsets, have been revetted by the use of prefabricated walls filled with dirt and covered with sheet metal.

AVBJ-PO

15 May 1968

SUBJECT: Operational Report of Headquarters, 44th Medical Brigade for
Period Ending 30 April 1968, RCS CSFOR-65 (R1)

w. As of 30 April there were 211 dental officers providing dental support in 63 Brigade dental treatment facilities. At the end of the reporting period 36 facilities were air conditioned.

x. To support the troop buildup in I CTZ there was a realignment of dental resources. On 26 February 1968, the Headquarters, 56th Medical Detachment (Dental Service), moved from Camp Radcliff (near An Khe) to Phu Bai. Dental treatment facilities were established by the unit in Phu Bai and Gia Le. In addition, the unit augmented the organic dental services of the 1st Cavalry Division (Airmobile) at Camp Evans and the 101st Airborne Division at Camp Eagle. Responsibility for the dental facility formerly operated by the 518th Medical Detachment (Dental Service) in Chu Lai was assumed by the 56th Medical Detachment (Dental Service).

y. The dental profession has long known public education is a major factor in improving dental and oral health. Six of every ten soldiers of the lowest three grades have not received other than emergency dental care in the year preceding induction. A large percentage of this group is unaware of the advantages of dental care, good oral hygiene and preventive dentistry. Short "spot announcements" are being made on Armed Forces Vietnam radio and television as a means of bringing oral hygiene and other dental care reminders to troops. Announcements, which are catchy and, in some cases, humorous, are providing effective patient education.

z. Forty-four Army Nurse Corps officers, assigned to the 27th Surgical Hospital, arrived in-country 25 March 1968. Since the hospital site was not ready for occupancy and the major problem of a rotational hump existed, all but 20 officers were reassigned to other units in country. Eight of the remaining 20 officers have other than a 22 March 1969 DEROS. The records of personnel who had previously been approved for in-country transfers were thoroughly reviewed and these officers were transferred to the 27th Surgical Hospital.

aa. Fifty-nine nurses, assigned to the 95th Evacuation Hospital, arrived at the 90th Replacement Battalion on 1 April 1968. Eleven nurses were selected by the Chief Nurse and attached to the 27th Surgical Hospital for billeting and administration. The remaining 48 were reassigned to other units in-country to avoid a future rotational hump. Additional nurses, with varying DEROS dates, are being assigned from within country to the 95th Evacuation Hospital.

bb. Additional veterinary units arrived in country during this reporting period and greatly increased the capability of the veterinary service to perform its assigned missions. The 522d Medical Detachment (AF) will be the command and control team for all the veterinary units in Vietnam.

9
AVBJ-PO

15 May 1968

SUBJECT: Operational Report of Headquarters, 44th Medical Brigade for
Period Ending 30 April 1968, RCS CSFOR-65 (R1)

The addition of this unit completes the vertical command structure between the veterinary units and the Brigade Commander and will relieve the other veterinary units of numerous administrative details.

cc. The scheduled occupancy date of 15 April 1968 for the new 936th Medical Detachment (ID), veterinary hospital, at Long Binh Post, has been delayed. The construction project has been turned over to a civilian contractor and this, reportedly, has delayed the completion date by several months.

dd. A request was received from the Office of The Surgeon General to locate a defective lot of powdered cream (synthetic) which was contained in some of our C Ration stocks. A survey of the C Rations in-country revealed a small stock of this item located in one of the division areas. The lot was identified and fed to the troops in the mess hall where another dairy product could be substituted for the defective cream powder. This incident points out the importance of insuring that all components of combat rations are of the highest quality, since the slightest defect can affect the utility of the entire ration. Price adjustments given by contracting officers for products not meeting specifications, fail to take into consideration the overall damaging effect that a defective item may have on the utility of the entire ration.

ee. During this reporting period veterinary enlisted men, 91R Food Inspectors, were cross trained in the MOS 91T, Animal Specialist. This was accomplished through closely supervised on-the-job training programs. These enlisted men were then able to perform duties in both food inspection and animal care. The shortage of Veterinary units in RVN required many one-man stations where the ability to perform in both MOSs proved extremely valuable.

ff. The following table statistically highlights the activities of the Brigade Chaplain Section during the reporting period.

Religious Services.....	2,245
Attendance during Services.....	50,973
Communion Served.....	3,148
Hospital Visits.....	6,953
Hospital Contacts.....	32,838
Character Guidance Programs.....	178

AVBJ-PO

15 May 1968

SUBJECT: Operational Report of Headquarters, 44th Medical Brigade for
Period Ending 30 April 1968, RCS CSFOR-65 (R1)

10

Attendance during Character Guidance Programs.....16,316

gg. The Brigade Chaplain made staff visits to 10 hospitals during the quarter to evaluate the effectiveness of the various hospital chaplains and their respective chapel programs.

hh. 44th Medical Brigade Pamphlet 165-2, subject: "Chaplain's Assistant Guidelines" was written, staffed and published this quarter. Scheduled for distribution at the Hospital Chaplain's Workshop, 6 to 9 May, the pamphlet includes such topics as chaplain's assistant duties and chapel facility checklists.

2. Section 2. Lessons Learned: Commanders' Observations, Evaluations and Recommendations.

a. Personnel

(1) Vietnamese Local National Hire

(a) Observation. During the period 29 January 1968 through 3 February 1968 the medical facilities of this command received the largest influx of hospital admissions ever experienced in a like period in Vietnam. As a result of civilian Vietnamese employees not being available for duty and due to the casualty increase, military personnel were utilized on a 24 hour basis, 7 days a week. Had the peak workload during Tet continued for an extended period of time, the military personnel on duty in treatment facilities could not have sustained the required work pace. Civilianization of military TOE positions will reduce the flexibility in utilization of personnel and under emergency conditions will have an adverse impact on the medical care being provided the U. S. soldier.

(b) Evaluation. Problem areas relative to the availability of Vietnamese Local National Hire personnel and increased workloads were as follows:

PROBLEM #1: Many of the Vietnamese civilian personnel required for normal operations within medical facilities were not available for duty during the Tet offensive. Of the approximate total of 900 civilians employed by this brigade, only the following percentages reported for duty during the offensive:

31 Jan 68 - 8.2%

2 Feb 68 - 18.5%

1 Feb 68 - 8.2%

3 Feb 68 - 26.2%

Additionally, during this same period of time, 11 of the 17 major medical

11
AVBJ-PO

15 May 1968

SUBJECT: Operational Report of Headquarters, 44th Medical Brigade for
Period Ending 30 April 1968, RCS CSFOR-65 (R1)

facilities within the Brigade reported that no civilians were present for duty.

PROBLEM #2: Of the small percentage of civilians who did report for duty a great many of them could only work from 4 to 6 hours because of the increased VC activity. The curfews imposed in cities, towns and rural areas by the government officials further complicated work scheduling. Very little in the way of US Government transportation was available due to increased military priorities and the civilians could not be brought to work.

PROBLEM #3: Military personnel who were required for direct patient care activities during peak workloads had to be diverted to other duties which were normally performed by civilian personnel. Some of these were:

Laundry handling, washing and trucking.

Kitchen police of mess halls.

Garbage collection and disposal.

Water delivery, both internal and external, to hospitals.

Medical and general supply for an entire hospital complex. (The requirements for storage, stockage, and delivery throughout the medical facilities increased along with patient work loads.)

Janitorial service.

Security Guards (Additional security requirements were created by increased VC activity.)

(c) Recommendation. That Vietnamese personnel should be employed in our medical facilities as augmentation to TOE staffing and there should be no attempt to reduce the military authorizations within medical units by civilianizing TOE positions.

b. Operations

None

c. Training

None

AVBJ-PO

15 May 1968

12

SUBJECT: Operational Report of Headquarters, 44th Medical Brigade for
Period Ending 30 April 1968, RCS CSFOR-65 (R1)

d. Intelligence

None

e. Logistics

(1) Air Conditioners

(a) Observation. There is an immediate need for air conditioners in critical areas of the field and evacuation hospitals. The surgical complexes in these hospitals, i.e. Surgery, Pre and Post-Operative, Intensive Care Unit, Laboratory, and X-Ray areas, do not have the necessary environments to treat severely injured and burned patients.

(b) Evaluation. Pending MCA projects will not satisfy our immediate requirements due to the complex design and long lead time of obtaining the air conditioners. Present air conditioners have reached their life expectancy and cannot be repaired due to lack of compressors and spare parts. Further, maintenance floats are not available.

(c) Recommendation. That proper air conditioning be provided for the critical areas of the hospitals on a priority basis as noted above.

f. Organization

None

g. Other

(1) Dental Prosthetic Appliances

(a) Observation. A new technique for preparing and processing complete and partial dental prosthetic appliances has been developed by the United States Army Regional Dental Activity, Walter Reed Army Medical Center. The technique, which uses a fluid resin to process denture bases, is being tested in a fixed dental treatment facility of the 44th Medical Brigade. It not only reduced costs but also reduces processing time in the construction of dentures from days to hours.

(b) Evaluation. The fluid resin denture base technique has proved successful in CONUS in sophisticated laboratories. After several trial cases, for the purpose of eliminating technical mistakes and for training technicians, the technique was employed by the 36th Medical Detachment (Dental Service) and has been used for all dentures processed since 1 February 1968. Excellent results have been obtained.

13

AVBJ-PO

15 May 1968

SUBJECT: Operational Report of Headquarters, 44th Medical Brigade for
Period Ending 30 April 1968, RCS CSFOR-65 (R1)

(c) Recommendation. The use of the fluid resin technique should be expanded wherever possible in the USARV dental treatment facilities. Those with laboratories, refrigeration, and running water should requisition necessary materials and equipment in order to use this money and timesaving technique.



GLENN J. COLLINS
Brigadier General, MC
Commanding

15
AVHGC-DST (15 May 68) 1st Ind CPT Arnold/dls/LBN 4485
SUBJECT: Operational Report of Headquarters 44th Medical Brigade for
Period Ending 30 April 1968, RCS CSFOR-65 (R1)

HEADQUARTERS, US ARMY VIETNAM, APO San Francisco 96375 16 JUN 1968

TO: / Commander in Chief, United States Army, Pacific, ATTN: GPOP-DT,
✓ APO 96558

Assistant Chief of Staff for Force Development, Department of the
Army, Washington, D. C. 20310

1. This headquarters has reviewed the Operational Report-Lessons
Learned for the quarterly period ending 30 April 1968 from Headquarters,
44th Medical Brigade.


2. Comments follow:

a. Reference item concerning Vietnamese local national hire, page 8,
paragraph 2a (1). Civilianization is an OSD directed program the object
of which is to reduce military spaces in combat service support units.
Unless military space authorizations are reduced, the requirements of
this program cannot be met. This headquarters is aware of the inherent
unreliable aspects of the program and has kept higher headquarters
apprised of these weaknesses. The postponement of the program in early
1968 was based on the questionable factors involved. Nevertheless, USARV
was recently directed to continue execution of the program. In light of
the foregoing, nonconcur with recommendation.

b. Reference item concerning air conditioners, page 10, paragraph
2e (1). Concur. The immediate need for air conditioners in critical
areas of the field and evacuation hospitals is recognized by the USARV
Chief Engineer. Scarce air conditioning assets are being husbanded
by strict implementation of USARV Reg 420-54, 3 March 1968. A MCA
project for air conditioning and upgrading our hospitals is included
in a priority package of the FY 69 Construction Program.

FOR THE COMMANDER:

Cy furn:
HQ 44th Med Bde


JOHN V. GETCHELL
Captain, AGC
Assistant Adjutant General

16
GPOP-DT (15 May 68) 2d Ind
SUBJECT: Operational Report of HQ, 44th Med Bde for Period Ending
30 April 1968, RCS CSFOR-65 (R1)

HQ, US Army, Pacific, APO San Francisco 96558 8 JUL 1968

TO: Assistant Chief of Staff for Force Development, Department of the
Army, Washington, D. C. 20310

This headquarters has evaluated subject report and forwarding indorse-
ment and concurs in the report as indorsed.

FOR THE COMMANDER IN CHIEF



C.L. SHORTT
CPT, AGC
Asst AG

17

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